APPLICATION FOR A SPECIAL EXCEPTION

Town of Sutton Zoning Board of Adjustment

THIS SECTION TO BE COMPLETED BY LAND USE COORDINATOR

Received by:	Date Received at Town Hall:		Case #:	
Hearing Date:	Fees Paid:	Date G	Date Granted/Denied/Withdrawn:	
Having read the Appeal Instapplication and submit with			Checklist, please complete this nearing.	
Name of Applicant:				
Mailing Address:				
Home Telephone:	Work:		Cell:	
Owner of Property:				
Location of Property:				
Tax Map Number:	Lot Number:		Acreage:	
Registry of Deeds Book #:_		Pag	e #:	
Zoning District (circle one):	Residential District	or	Rural Agricultural District	
The undersigned hereby req Section, of the proposed use in detail (use	Sutton Zoning Ordinance	in order		
Applicant Signature:			Date:	
Property Owner Co-signatur	re:		Date:	

WORKSHEET FOR A SPECIAL EXCEPTION Town of Sutton Zoning Board of Adjustment

		Applicants Initials:				
To be filled out by Land Use Coordinator						
Case #	Applicant:	Date:	_			

No special exception from the requirements of the Zoning Ordinance shall be authorized by the Board of Adjustment unless it finds that the following facts and conditions exist:

2. The use will not be detrimental, injurious, noxious or offensive to the neighborhood.

1. The site is an appropriate location for the use or structure.

3. There will be no undue nuisance or serious hazard to vehicular or pedestrian traffic.

- 4. Adequate and appropriate facilities will be provided to ensure the proper operation of the proposed operation of the proposed use or structure.
- 5. The proposed use or structure is consistent with the spirit of the ordinance.

PLEASE FEEL FREE TO ANSWER IN THE ABOVE SPACE OR USE A SEPARATE SHEET OF PAPER

Description of Circumstances

Town of Sutton Zoning Board of Adjustment

Appeal Checklist

App	pplicant Name:					
Ow	vner(s) Name if different from Applicant:					
Wit	ith the application you must include:					
	1. A copy of a letter of denial for building permit from the Selectmen's Office.					
	2. All other information pertinent to the request not limited to the following:					
	a. Drawings and descriptions must be in pen/ink only. Please provide twelve (12) copies.					
Dra	awings and descriptions must indicate clearly where the site is located and w	hat is proposed.				
	e drawings, maps or plans MUST BE TO SCALE and provide ALL of the folloplication will be considered incomplete and mailed back to you for completion:	wing information or the				
1.	Show "for the lot of record" the boundary lines – exact footage on all sides.					
2.	Name of the road(s) the lot fronts on.					
3.	North/South arrow.					
4.	Clearly mark names and tax map numbers of all abutters placed on the proper locations around the lot of record (see tax map).					
5.	Clearly mark location of water wells (make with "W"), septic leach beds (mark with "S") for the lot of record.					
6.	Include all existing structures on the lot, clearly indicating their dimensions, height, and distance from other structures and from the center line of the road and distance from abutter property line.					
7.	Clearly mark location of any bodies of water, wetlands and culverts or stonewalls with distances to existing structures.					
8.	Floor plan with dimensions: including height; distance from the center line of the road; distance from other structures on the lot and distance from abutter(s) property line.					

Town of Sutton Zoning Board of Adjustment

Abutter(s) List

Map/Lot #	
Name:	
Address:	
City, State & Zip:	
Map/Lot #	
Name:	
Address:	
City, State & Zip:	
Map/Lot #,	
Name:	
Address:	
City, State & Zip:	_
Map/Lot #	
Name:	
Address:	_
City, State & Zip:	
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City, State & Zip:	